

Article - Health - General

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§19–710.2.

(a) (1) In this section the following words have the meanings indicated.

(2) “Carrier” means:

(i) An insurer;

(ii) A nonprofit health service plan;

(iii) A health maintenance organization;

(iv) A dental plan organization; or

(v) Any other person or organization that provides health benefit plans subject to State regulation.

(3) “Point-of-service option” means a health benefit plan that permits a member or subscriber of a health maintenance organization to receive any health care service outside the provider panel of the health maintenance organization that is covered under the member’s or subscriber’s contract with the health maintenance organization.

(4) “Provider panel” means those providers with which a health maintenance organization contracts to provide services to the health maintenance organization’s members or subscribers under the health maintenance organization’s health benefit plan.

(b) (1) If an employer, association, or other private group arrangement offers health benefit plan coverage to employees or individuals only through a health maintenance organization, the health maintenance organization with which the employer, association, or other private group arrangement is contracting for the coverage shall offer, or contract with another carrier to offer, a point-of-service option to the employer, association, or other private group arrangement in conjunction with the health maintenance organization as an additional benefit for an employee or individual, at the employee’s or individual’s option, to accept or reject.

(2) When a health maintenance organization is the sole delivery system offered to employees by an employer, the health maintenance organization:

(i) Shall offer the employer a point-of-service option for the individual employee to accept or reject;

(ii) May not impose a minimum participation level on the point-of-service option; and

(iii) As part of the group enrollment application, shall provide to each employer a disclosure statement for each point-of-service option offered that conforms to regulations, for the point-of-service option required under paragraph (1) of this subsection, adopted by:

1. The Maryland Health Care Commission for the small group market; and

2. The Maryland Insurance Administration for the non-small group market.

(c) (1) An employer, association, or other private group arrangement may require an employee or individual that accepts the additional coverage under a point-of-service option under subsection (b) of this section to be responsible for the payment of a premium over the amount of the premium for the coverage offered by the health maintenance organization.

(2) A carrier may impose different cost-sharing provisions for the point-of-service option based on whether the service is provided through the provider panel of the health maintenance organization or outside the provider panel of the health maintenance organization.

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